

2012-12-05 09:19

DC0547PM13501

8652125642 >>

P 4/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/05/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	Med Error #1		
F 332 SS=E	<p>An annual recertification survey and complaint investigation #30491 were completed on November 29, 2012, at The Cambridge House. No deficiencies were cited related to complaint investigation #30491 under 42 CFR Part 482.13, Requirements for Long Term Care Facilities, 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, review of manufacturer's specifications, and interview the facility failed to prevent medication errors less than five percent resulting in eight errors in sixty-one opportunities to equal an error rate of thirteen percent.</p> <p>Observations revealed errors occurred with five (Licensed Practical Nurse [LPN] #2, LPN #3, LPN #4, LPN #5, LPN #6) of six LPNs; on four (100 Hall Cart, 200 Hall Cart, 300 Hall Cart, and 500 Hall Cart) of five medication carts; on two (7 a.m. to 3 p.m., shift and 3 p.m. to 11 p.m., shift), and eight (Resident #6, #16, #19, #20, #21, #24, Resident #A, Resident #B) of seventeen residents observed.</p> <p>The findings included: Medication Error #1</p>	F 332	<p>1. Resident #A was assessed for adverse effects with none noted.</p> <p>2. MARS will be reviewed for all residents receiving Carafate. Medication administration times will be adjusted to ensure the Carafate is given on an empty stomach.</p> <p>3. Licensed nursing staff will be re-educated by the staff development coordinator regarding the administration of Carafate. Information will be presented to staff during the licensed Nursing meeting scheduled on 1.3.13.</p> <p>4. Random audits of 50% of residents receiving Carafate will be monitored for correct administration times by the DON or designee. 100% compliance rate is expected. The audit will be done on a weekly basis for three months and will be reported to the QIP/QA&A meetings monthly x one quarter.</p>	11/26/12 12/12/12 1/4/13 1/13/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

2012-12-05 09:20

DC0547PM13501

8652125642 >>

P 5/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/05/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 332	<p>Continued From page 1</p> <p>Observation on November 26, 2012, at 4:20 p.m., at the 300 Hall Medication Cart, in the 300 Hall, revealed LPN #2 prepared one dose each of the following four medications for administration: Alprazolam (medication for anxiety) 0.25 milligram (mg) tablet; Sucralfate (medication for stomach) one gram tablet; Ziprasidone (medication for psychosis) 20 mg capsule; and Ferrous Sulfate (medication for iron replacement) 325 mg tablet. Further observation revealed LPN #2 entered the room of Resident #A and administered the four medications by mouth to Resident #A.</p> <p>Medical record review of the November 2012, Physician Orders, revealed an order for "...SUCRALFATE...TAB 1GM...For: CARAFATE...TAKE 1 TABLET BY MOUTH BEFORE MEALS AND AT BEDTIME..."</p> <p>Review of the manufacturer's specifications in the package insert for Carafate (Sucralfate) revealed, "...CARAFATE...DOSAGE AND ADMINISTRATION...on an empty stomach..."</p> <p>Interview with LPN #2, on November 26, 2012, at 5:10 p.m., in the East Nursing Station confirmed the Sucralfate tablet was administered with the other medications and was not administered on an empty stomach.</p> <p>Medication Error #2</p> <p>Observation on November 26, 2012, at 4:50 p.m., at the 100 Hall Medication Cart, in the 100 Hall, revealed LPN #3 prepared a 2 unit dose of Novolog (medication for Diabetes) Injectable Insulin 100 units per milliliter (ml) for Resident #16 with a blood glucose level of 167. Further</p>	F 332	<p>Med Error#2</p> <ol style="list-style-type: none"> 1. Resident #16 was assessed for adverse effects with none noted. Educational information regarding insulin peak times was placed in the front of each MAR notebook. 2. MARS will be reviewed for all residents receiving Novolog sliding scale insulin. Insulin will be given to those 	11/26/12	

2012-12-05 09:20

DC0547PM13501

8652125642 >>

P 6/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 332	<p>Continued From page 2</p> <p>observation revealed LPN #3 entered the room of Resident #16 and administered the dose of Novolog Insulin by subcutaneous injection to the lower left quadrant of the abdomen of Resident #16 at 4:52 p.m.</p> <p>Further observation on November 26, 2012, at 5:20 p.m., at the bedside of Resident #16, revealed CNA #2 began feeding supper to Resident #16 fifty-eight minutes after the Novolog Insulin dose was administered.</p> <p>Medical record review of the November 2012, Physician Orders for Resident #16, revealed an order for "...novolog 100U [units] /ML...INJECT SUBCUTANEOUSLY PER SLIDING SCALE BEFORE MEALS AND AT BEDTIME...151-200 = 2 units..."</p> <p>Review of the manufacturer's specifications for Novolog Insulin, revealed "...eat a meal within 5 to 10 minutes after using NovoLog® to avoid low blood sugar...NovoLog® is a fast-acting insulin..."</p> <p>Interview with LPN #3, on November 26, 2012, at 5:21 p.m., at the West Nursing Station, confirmed the dose of Novolog Insulin was administered to Resident #16 fifty-eight minutes before a meal and not within 5 to 10 minutes before a meal per manufacturer's specifications. LPN #3 further confirmed LPN #3 was not aware and had not been in-serviced on the proper timing of meals in reference to Insulin administration per manufacturer's specifications.</p> <p>Medication Error #3</p>	F 332	<p>residents within five to ten minutes before serving meals.</p> <p>3. Licensed nursing staff will be reeducated by the staff development coordinator regarding the administration of Novolog insulin to assure that residents eat a meal within 5-10 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting on 1/3/13.</p> <p>4. Random audits of 25% of residents receiving Novolog insulin will be monitored for correct administration times by the DON or designee. 95% or greater compliance rate is expected. This audit will be done on a weekly basis for three months and will be reported to QIP/QA&A meetings monthly x one quarter.</p>	12/11/12	1/4/13	1/13/13

2012-12-05 09:20

DC0547PM13501

8652125642 >>

P 7/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 332	<p>Continued From page 3</p> <p>Observation on November 27, 2012, at 11:20 a.m., at the 300 Hall Medication Cart, in the 300 Hall, revealed LPN #4 prepared a 3 unit dose of Novolin R [medication for Diabetes] Injectable Insulin 100 units per ml for Resident #6 with a blood glucose level of 213. Further observation revealed LPN #4 entered the room of Resident #6 and administered the dose of Novolog Insulin by subcutaneous injection to the lower right quadrant of the abdomen of Resident #6 at 11:24 a.m.</p> <p>Further observation on November 27, 2012, at 12:28 p.m., revealed lunch was served to Resident #6 at 12:28 p.m., sixty-four minutes after the Novolin R Insulin dose was administered.</p> <p>Medical record review of the November 2012. Physician Orders for Resident #6, revealed an order for "...NOVOLIN R 100U/ML...INJECT SUBCUTANEOUSLY PER SLIDING SCALE BEFORE MEALS AND AT BEDTIME...201-250=3 units..."</p> <p>Review of the manufacturer's specifications in the package insert for Novolin R Insulin revealed, "...Novolin R is a fast-acting insulin...The effects of Novolin R start working ½ hour after injection...Novolin R, when used alone subcutaneously, is usually given three or more times daily before meals...The injection...should be followed by a meal within approximately 30 minutes of administration..."</p> <p>Interview with LPN #4, on November 27, 2012, at 12:28 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed lunch was served to Resident #6 at 12:28 p.m.</p>	F 332	<p>Med Error #3</p> <ol style="list-style-type: none"> 1. Resident #6 was assessed for adverse effects with none noted. Educational information regarding insulin peak times was placed in the front of each MAR notebook. 2. MARS will be reviewed for all residents receiving Novolin R sliding scale insulin. Meals will be served to the residents within 30 minutes of insulin administration. 3. Licensed nursing staff will be re-educated by the staff development coordinator regarding the administration of Novolin R insulin to assure that residents eat a meal within 30 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting scheduled on 1/3/13. 	11/26/12	12/11/12	1/4/13

2012-12-05 09:21

DC0547PM13501

8652125642 >>

P 9/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/05/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 332	<p>Continued From page 5</p> <p>blood sugar...NovoLog® is a fast-acting insulin..."</p> <p>Interview with LPN #4, on November 27, 2012, at 12:03 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed lunch was served to Resident #21 at 11:55 a.m.</p> <p>Interview with LPN #4, on November 27, 2012, at 12:40 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed lunch was served to Resident #21 seven minutes prior to the administration of the dose of NovoLog Insulin and not 5 to 10 minutes after a meal per physician's orders and manufacturer's specifications. LPN #4 further confirmed LPN #4 was not aware and had not been in-serviced on the proper timing of meals in reference to Insulin administration per manufacturer's specifications.</p> <p>Medication Error #5</p> <p>Observation on November 27, 2012, at 12:08 p.m., at the 300 Hall Medication Cart, in the 300 Hall, revealed LPN #4 prepared a 2 unit dose of NovoLog Injectable Insulin 100 units per ml for Resident #20 with a blood glucose level of 194. Further observation revealed LPN #4 entered the room of Resident #20 and administered the dose of NovoLog Insulin by subcutaneous injection to the right upper arm of Resident #20 at 12:11 p.m.</p> <p>Further observation on November 27, 2012, at 12:11 p.m., revealed Resident #20 was served lunch and immediately began eating.</p> <p>Medical record review of the November 2012, Physician Orders for Resident #20, revealed an order for "...noVOLOG 100U/ML...151-200=2</p>	F 332	<p>residents within five to ten minutes before serving meals.</p> <p>3. Licensed nursing staff will be reeducated by the staff development coordinator regarding the administration of NovoLog insulin to assure that residents eat a meal within 5-10 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting on 1/3/13.</p> <p>4. Random audits of 25% of residents receiving NovoLog insulin will be monitored for correct administration times by the DON or designee. 95% or greater compliance rate is expected. This audit will be done on a weekly basis for three months and will be reported to QIP/QA&A meetings monthly x one quarter.</p>	12/11/12	1/4/13
					1/13/13

2012-12-05 09:21

DC0547PM13501

8652125642 >>

P 10/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/05/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 332	<p>Continued From page 6 units..."</p> <p>Review of the manufacturer's specifications for Novolog Insulin, revealed "...eat a meal within 5 to 10 minutes after using NovoLog® to avoid low blood sugar...NovoLog® is a fast-acting insulin..."</p> <p>Interview with LPN #4, on November 27, 2012, at 12:12 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed lunch was served to Resident #20 at 12:11 p.m.</p> <p>Interview with LPN #4, on November 27, 2012, at 12:40 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed lunch was served to Resident #20 immediately after the administration of the dose of Novolog Insulin and not 5 to 10 minutes after the dose of Novolog Insulin per manufacturer's specifications. LPN #4 further confirmed LPN #4 was not aware and had not been in-serviced on the proper timing of meals in reference to Insulin administration per manufacturer's specifications.</p> <p>Medication Error #6</p> <p>Observation on November 27, 2012, at 12:30 p.m., at the 300 Hall Medication Cart, in the 300 Hall, revealed LPN #4 prepared a 2 unit dose of Novolog Injectable Insulin 100 units per ml for Resident #19 with a blood glucose level of 182. Further observation revealed LPN #4 entered the room of Resident #19 and administered the dose of Novolog Insulin by subcutaneous injection to the left upper arm of Resident #19 at 12:31 p.m.</p> <p>Further observation on November 27, 2012, at 12:31 p.m., revealed the wife immediately started</p>	F 332	<p>Med Error #5</p> <ol style="list-style-type: none"> 1. Resident #20 was assessed for adverse effects with none noted. Educational information regarding insulin peak times was placed in the front of each MAR notebook. 2. MARS will be reviewed for all residents receiving Novolog sliding scale insulin. Insulin will be given to those residents within five to ten minutes before serving meals. 3. Licensed nursing staff will be reeducated by the staff development coordinator regarding the administration of Novolog insulin to assure that residents eat a meal within 5-10 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting on 1/3/13. 	11/26/12	12/11/12	1/4/13

2012-12-05 09:22

DC0547PM13501

8652125642 >>

P 11/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, YN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 332	<p>Continued From page 7</p> <p>feeding lunch to Resident #19.</p> <p>Medical record review of the November 2012 Physician Orders for Resident #19, revealed an order for "...NOVOLOG 100U/ML...INJECT SUBCUTANEOUSLY PER SLIDING SCALE BEFORE MEALS AND AT BEDTIME...[sign for greater than] 180=2 units...[sign for greater than] 221=4 units..."</p> <p>Review of the manufacturer's specifications for Novolog Insulin, revealed "...eat a meal within 5 to 10 minutes after using NovoLog® to avoid low blood sugar...NovoLog® is a fast-acting insulin..."</p> <p>Interview with LPN #4, on November 27, 2012, at 12:31 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed the wife was feeding lunch to Resident #19 at 12:31 p.m.</p> <p>Interview with LPN #4, on November 27, 2012, at 12:40 p.m., at the 300 Hall Cart, in the 300 Hall, confirmed lunch was served to Resident #19 immediately after the administration of the dose of Novolog Insulin and not 5 to 10 minutes after the dose of Novolog Insulin per manufacturer's specifications. LPN #4 further confirmed LPN #4 was not aware and had not been in-serviced on the proper timing of meals in reference to insulin administration per manufacturer's specifications.</p> <p>Medication Error #7</p> <p>Observation on November 27, 2012, at 12:35 p.m., at the 200 Hall Medication Cart, in the 200 Hall, revealed LPN #6 prepared a 6 unit dose of Novolog Injectable Insulin 100 units per ml for Resident #24 with a blood glucose level of 195.</p>	F 332	<p>4. Random audits of 25% of residents receiving Novolog insulin will be monitored for correct administration times by the DON or designee. 95% or greater compliance rate is expected. This audit will be done on a weekly basis for three months and will be reported to QIP/QA&A meetings monthly x one quarter.</p> <p>Med Error #6</p> <p>1. Resident #19 was assessed for adverse effects with none noted. Educational information regarding insulin peak times was placed in the front of each MAR notebook.</p> <p>2. MARS will be reviewed for all residents receiving Novolog sliding scale insulin. Insulin will be given to those residents within five to ten minutes before serving meals.</p>	1/13/13	
				11/26/12	
				12/11/12	

2012-12-05 09:22

DC0547PM13501

8652125642 >>

P 12/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 332	<p>Continued From page 8</p> <p>Further observation revealed LPN #6 entered the room of Resident #24 and administered the dose of Novolog Insulin by subcutaneous injection to the right upper arm of Resident #24 at 12:38 p.m.</p> <p>Further observation on November 27, 2012, at 12:02 p.m., revealed Resident #24 was fed by a male CNA assigned to the 200 Hall thirty-five minutes after the Novolog Insulin dose was administered.</p> <p>Medical record review of the November 2012, Physician Orders for Resident #24, revealed an order for "...novolog 100U/ML...INJECT SUBCUTANEOUSLY PER SLIDING SCALE BEFORE MEALS AND AT BEDTIME...150-200=4 units..." Review of the Physician's Orders revealed an additional order for Resident #24 for "...novolog 100U/ML...INJECT SUBCUTANEOUSLY WITH MEALS."</p> <p>Review of the manufacturer's specifications for Novolog Insulin, revealed "...eat a meal within 5 to 10 minutes after using NovoLog® to avoid low blood sugar...NovoLog® is a fast-acting insulin..."</p> <p>Interview with LPN #6, on November 27, 2012, at 3:40 p.m., in the conference room, revealed the LPN was unable to state a timeframe for when residents should eat after NovoLog® insulin was administered and confirmed lunch was served to Resident #24 thirty-five minutes after the fast-acting insulin was administered.</p> <p>Medication Error #8</p> <p>Observation on November 27, 2012, at 11:34 a.m., at the 500 Hall Medication Cart, in the 500</p>	F 332	<p>3. Licensed nursing staff will be reeducated by the staff development coordinator regarding the administration of Novolog insulin to assure that residents eat a meal within 5-10 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting on 1/3/13.</p> <p>4. Random audits of 25% of residents receiving Novolog insulin will be monitored for correct administration times by the DON or designee. 95% or greater compliance rate is expected. This audit will be done on a weekly basis for three months and will be reported to QIP/QA&A meetings monthly x one quarter.</p>	1/4/13	1/13/13

2012-12-05 09:22

DC0547PM13501

8652125642 >>

P 13/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 332	<p>Continued From page 9</p> <p>Hall, revealed LPN #5 prepared a 2 unit dose of Novolin R Injectable Insulin 100 units per ml for Resident #B with a blood glucose level of 165. Further observation revealed LPN #5 entered the room of Resident #B and administered the dose of Novolog Insulin by subcutaneous injection to the abdomen of Resident #B at 11:38 a.m.</p> <p>Further observation on November 27, 2012, at 12:14 p.m., in the room of Resident #B, revealed the husband of Resident #B had secured the lunch tray for Resident #B since the lunch tray had not been served by the facility staff.</p> <p>Medical record review of the November 2012, Physician Orders for Resident #B, revealed an order for "...NOVOLIN R 100U/ML...INJECT SUBCUTANEOUSLY PER SLIDING SCALE BEFORE MEALS AND AT BEDTIME...151-200=2 units..."</p> <p>Review of the manufacturer's specifications in the package insert for Novolin R Insulin revealed, "...Novolin R is a fast-acting insulin...The effects of Novolin R start working 1/2 hour after injection...Novolin R, when used alone subcutaneously, is usually given three or more times daily before meals...The injection...should be followed by a meal within approximately 30 minutes of administration..."</p> <p>Interview with the husband of Resident #B, on November 27, 2012, at 12:14 p.m., in the room of Resident #B, confirmed "If I didn't get it [lunch tray], [Resident #B] may not get it until 1:00 p.m."</p> <p>Interview with LPN #5, on November 28, 2012, at 2:30 p.m., at the West Wing Nursing Station,</p>	F 332	<p>Med Error #7</p> <ol style="list-style-type: none"> 1. Resident #24 was assessed for adverse effects with none noted. Educational information regarding insulin peak times was placed in the front of each MAR notebook. 2. MARS will be reviewed for all residents receiving Novolog sliding scale insulin. Insulin will be given to those residents within five to ten minutes before serving meals. 3. Licensed nursing staff will be reeducated by the staff development coordinator regarding the administration of Novolog insulin to assure that residents eat a meal within 5-10 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting on 1/3/13. 4. Random audits of 25% of residents receiving Novolog insulin will be monitored for correct administration times by the DON or designee. 95% or greater compliance rate is expected. This audit will be done on a weekly basis for three months and will be reported to QIP/QA&A meetings monthly x one quarter. 	11/26/12	12/11/12

2012-12-05 09:22 DC0547PM13501
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

8652125642 >>

P 14/30

FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 332	Continued From page 10 confirmed lunch was served late at 12:14 p.m. to Resident #B on November 27, 2012, and was served 30 minutes after the Novolin R Insulin dose was administered at 11:38 a.m. Further interview confirmed LPN #5 knew Resident #B should eat within thirty minutes after the administration of the insulin dose.	F 332	Med Error #8		
F 431 SS-D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 431	1. Resident #B was assessed for adverse effects with none noted. Educational information regarding insulin peak times was placed in the front of each MAR notebook. 2. MARS will be reviewed for all residents receiving Novolin R sliding scale insulin. Meals will be served to the residents within 30 minutes of insulin administration. 3. Licensed nursing staff will be re-educated by the staff development coordinator regarding the administration of Novolin R insulin to assure that residents eat a meal within 30 minutes after receiving the insulin. Information will be presented to staff during the licensed nursing meeting scheduled on 1/3/13.	11/26/12 12/11/12 1/4/13	

2012-12-05 09:23

DC0547PM13501

8652125642 >>

P 15/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/05/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431	<p>Continued From page 11</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of the provider pharmacy's emergency policy, review of Tennessee Pharmacy Laws 2011 Edition, and interview, the facility failed to provide emergency medications in locked containers; failed to provide an expiration date on the emergency kit; failed to dispose of expired emergency medications; and failed to provide a readily available list of emergency medications available in two of four emergency medication storage areas observed.</p> <p>The findings included:</p> <p>Observation of the Diabetic Emergency Supply Kit on November 26, 2012, at 2:35 p.m., in the West Wing Medication Room, with the West Wing Unit Manager, revealed the emergency kit was not locked. Further observation revealed the expiration date of the emergency kit was not on the outside of the kit, and the kit contained the following medications: ten Glucapen 1 milligram (mg) injections (used to increase the blood sugar of diabetics) and three Dextrose 50% 50 milliliter (ml) vials (used to increase the blood sugar of diabetics). Further observation revealed the list of emergency medications in the emergency kit was not readily available; and the three Dextrose 50% vials were expired (one expired on July 1, 2012, and two expired on November 1, 2012).</p>	F 431	<p>4. Random audits of 25% of residents receiving Novolin R insulin will be monitored for correct administration times by the DON or designee. 95% or greater compliance rate is expected. This audit will be done on a weekly basis for three months and will be reported to QIP/QA&A meetings monthly x one quarter.</p>	1/13/13	

2012-12-05 09:23

DC0547PM13501

8652125642 >>

P 16/30

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 431	<p>Continued From page 12</p> <p>Observation of the IV Emergency Cart on November 26, 2012, at 2:50 p.m., in the West Wing Medication Room, with the West Wing Unit Manager, revealed the contents of the emergency cart were not locked; the expiration date of the emergency cart was not on the outside of the cart; and the list of emergency medications in the emergency cart was not readily available. Further observation revealed the contents of the emergency cart contained 122 IV solutions for fluid replacement including: 0.9% Sodium Chloride 1000 mls, and Dextrose 5% 1000 mls.</p> <p>Review of the pharmacy provider's policy, "EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS", revealed "...An emergency supply of medications, including emergency drugs, antibiotics, and controlled substances is supplied...in limited quantities (in portable, sealed containers), in compliance with applicable state regulations..."</p> <p>Review of the pharmacy provider's policy, "EMERGENCY MEDICATIONS", revealed "...The medications are checked periodically for integrity, dating, etc..."</p> <p>Review of the Tennessee Pharmacy Laws 2011 Edition Rule 1140-4-.09 "EMERGENCY AND HOME CARE KITS" (page 210) documented "...3...The emergency kit shall be provided sealed...by authorized personnel in accordance with established policies. The expiration date of the kit shall be clearly marked on the exterior of the kit to represent the earliest expiration date of any drug, device, or related materials contained in the kits...(6) A list of the emergency kit contents shall be readily accessible and it shall include the</p>	F 431	<p>1. Expired drugs were removed from the Diabetic Emergency Kit and destroyed on 11/26/12. Pharmacy was notified on 11/26/12. On 11/27/12, Pharmacy sent updated list of emergency kit contents with expiration dates. List was placed on outside of emergency kit at that time. Pharmacy provided facility with a separate lock for the Diabetic Emergency kit. Lock was received and placed on 11/27/12. The IV emergency kit was immediately locked on 11/26/12. Updated list of contents of IV emergency kit was received on 11/27/12 from the Pharmacy and earliest expiration date of contents was placed on the outside of IV Emergency kit at that time.</p> <p>2. Step#1 of correction plan prevents any residents from being affected.</p>	11/26/12	11/27/12	11/27/12

2012-12-05 09:23

DC0547PM13501

8652125642 >>

P 17/30

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/05/2012
 FORM APPROVED
 OMB NO. 0938-C391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 446190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431	Continued From page 13 drugs, devices, and related materials contained therein and include the name (trade and/or generic), strength, and quantity of the products contained therein..."	F 431	3. Licensed nursing staff will be re-educated by the staff development coordinator regarding the procedure for use of emergency supplies, drugs, etc. Information will be presented during the scheduled licensed nursing meeting on 1/3/13.	1/4/13	
	Interview with the West Wing Unit Manager on November 26, 2012, at 2:53 p.m., in the West Wing Medication Room, confirmed emergency storage areas were not locked in the Diabetic Emergency Kit and the IV Emergency Cart; the expiration date was not on the outside of the Diabetic Emergency Kit and the IV Emergency Cart; emergency medications for immediate use were out of date in the Diabetic Emergency Kit, and the list of emergency medications was not readily available for the Diabetic Emergency Kit and the IV Emergency Cart.		4. Random audits of the Diabetic emergency kit and IV cart will be done weekly by the DON or designee to assure that they are locked and the most recent expiration date is noted on the outside of each box as well as a list of contents of each box. This will be done weekly x three months. 100% compliance is expected. Results will be reported to the QIP/QA&A monthly meetings x one quarter.	1/13/13	
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation,	F 441			

2012-12-05 09:24

DC0547PM13501

8652125642 >>

P 19/30

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441	<p>Continued From page 15</p> <p>revealed five (Licensed Practical Nurses [LPN] #1, #2, #4, #5, and #6) of five LPNs cleaned 10 of 10 Assure Platinum glucometers with Sani-Cloth Plus germicidal disposable wipes.</p> <p>Review of the Product Information from Arkray USA, Inc. for "Cleaning & Disinfecting Blood Glucose Meters", revealed "...Recommended ARKRAY Cleaning and Disinfecting Guidelines:...Cleaning and disinfecting can be completed by using a commercially available EPA(Environmental Protection Agency)-registered disinfectant detergent or germicide wipe...ARKRAY tested various commercially available wipes on our blood glucose meters. We simulated a daily use protocol by wiping down multiple meters ten times a day for ten days. Meters then underwent quality control testing and meters were physically evaluated. Meters that passed our acceptance protocol are listed below..." Further review of the manufacturer's testing results, revealed the manufacturer had not tested the Assure Platinum glucometer with the Sani-Cloth Plus germicidal disposable wipe.</p> <p>Interview with the Arkray representative on November 27, 2012, at 11:00 a.m., by telephone, confirmed the Sani-Cloth Plus germicidal disposable wipe had not been tested on the Assure Platinum glucometer and the company could not recommend its use for the Assure Platinum glucometer.</p> <p>Interview with the Director of Nursing and the Administrator on November 28, 2012, at 2:40 p.m., in the Administrator's office, confirmed the facility used Assure Platinum glucometers, manufactured by Arkray USA, Inc., to test the</p>	F 441			

2012-12-05 09:24

DC0547PM13501

8652125642 >>

P 20/30

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441	Continued From page 16 blood glucose levels of all diabetic residents. Further interview confirmed SANI-CLOTH PLUS germicidal disposable cloths were used to clean the Assure Platinum glucometers prior to testing the blood glucose for diabetic residents. Further interview confirmed the SANI-CLOTH PLUS germicidal disposable cloths had not been tested for use by the manufacturer for the Assure Platinum glucometer.	F 441			